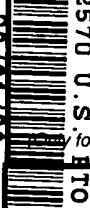
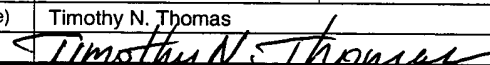
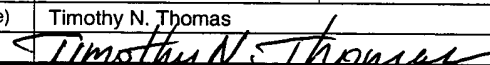
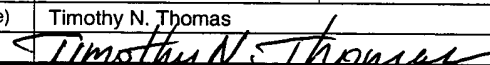
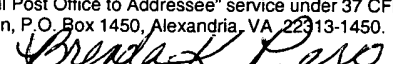


Please type a plus sign (+) inside this box 

WEMMH/SB/05 (4/03)

004002-002624.TNT.234694 Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<div style="writing-mode: vertical-rl; transform: rotate(180deg);">08/21/03</div> 	UTILITY PATENT APPLICATION TRANSMITTAL	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket No.</td><td>4002-2624</td></tr><tr><td>First Inventor</td><td>Hai H. Trieu</td></tr><tr><td>Title</td><td>ALLOGENIC/XENOGENIC IMPLANTS AND METHODS FOR AUGMENTING OR REPAIRING INTERVERTEBRAL DISCS</td></tr><tr><td>Express Mail Label No.</td><td>EL 984269757 US</td></tr></table>	Attorney Docket No.	4002-2624	First Inventor	Hai H. Trieu	Title	ALLOGENIC/XENOGENIC IMPLANTS AND METHODS FOR AUGMENTING OR REPAIRING INTERVERTEBRAL DISCS	Express Mail Label No.	EL 984269757 US																																	
	Attorney Docket No.	4002-2624																																									
	First Inventor	Hai H. Trieu																																									
	Title	ALLOGENIC/XENOGENIC IMPLANTS AND METHODS FOR AUGMENTING OR REPAIRING INTERVERTEBRAL DISCS																																									
Express Mail Label No.	EL 984269757 US																																										
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450, Alexandria, VA 22313-1450																																									
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; vertical-align: top;">1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)</td><td style="width: 50%; vertical-align: top;">7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</td></tr><tr><td style="vertical-align: top;">2. <input type="checkbox"/> Applicant claims small entity status.</td><td style="vertical-align: top;">8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</td></tr><tr><td style="vertical-align: top;">3. <input checked="" type="checkbox"/> Specification [Total Pages 39] (preferred arrangement set forth below)<ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</td><td style="vertical-align: top;">a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on:<ul style="list-style-type: none"><input type="checkbox"/> CD-ROM or CD-R (2 copies); or<input type="checkbox"/> paperc. <input type="checkbox"/> Statements verifying identity of above copies</td></tr><tr><td style="vertical-align: top;">4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 26] <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal</td><td style="vertical-align: top;">9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</td></tr><tr><td style="vertical-align: top;">5. Oath or Declaration [Total Pages 6] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</td><td style="vertical-align: top;">10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</td></tr><tr><td style="vertical-align: top;">6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</td><td style="vertical-align: top;">11. <input type="checkbox"/> English Translation Document (if applicable)</td></tr><tr><td></td><td style="vertical-align: top;">12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</td></tr><tr><td></td><td style="vertical-align: top;">13. <input type="checkbox"/> Preliminary Amendment</td></tr><tr><td></td><td style="vertical-align: top;">14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</td></tr><tr><td></td><td style="vertical-align: top;">15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</td></tr><tr><td></td><td style="vertical-align: top;">16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</td></tr><tr><td></td><td style="vertical-align: top;">17. <input type="checkbox"/> Other: _____</td></tr></table>		1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	2. <input type="checkbox"/> Applicant claims small entity status.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	3. <input checked="" type="checkbox"/> Specification [Total Pages 39] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"><input type="checkbox"/> CD-ROM or CD-R (2 copies); or<input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 26] <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	5. Oath or Declaration [Total Pages 6] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	11. <input type="checkbox"/> English Translation Document (if applicable)		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		13. <input type="checkbox"/> Preliminary Amendment		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		17. <input type="checkbox"/> Other: _____																		
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)																																										
2. <input type="checkbox"/> Applicant claims small entity status.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)																																										
3. <input checked="" type="checkbox"/> Specification [Total Pages 39] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"><input type="checkbox"/> CD-ROM or CD-R (2 copies); or<input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies																																										
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 26] <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))																																										
5. Oath or Declaration [Total Pages 6] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)																																										
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	11. <input type="checkbox"/> English Translation Document (if applicable)																																										
	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations																																										
	13. <input type="checkbox"/> Preliminary Amendment																																										
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)																																										
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)																																										
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.																																										
	17. <input type="checkbox"/> Other: _____																																										
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <table style="width: 100%;"><tr><td><input type="checkbox"/> Continuation</td><td><input type="checkbox"/> Divisional</td><td><input type="checkbox"/> Continuation-in-part (CIP)</td><td>of prior application No: _____</td></tr><tr><td colspan="3">Prior application information: Examiner: _____</td><td>Group / Art Unit: _____</td></tr></table> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: _____	Prior application information: Examiner: _____			Group / Art Unit: _____																																	
<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: _____																																								
Prior application information: Examiner: _____			Group / Art Unit: _____																																								
19. CORRESPONDENCE ADDRESS																																											
<table style="width: 100%;"><tr><td><input type="checkbox"/> Customer Number or Bar Code Label</td><td style="text-align: center;">(Insert Customer No)</td><td>or <input checked="" type="checkbox"/> Correspondence address below</td></tr></table>			<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No)	or <input checked="" type="checkbox"/> Correspondence address below																																						
<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No)	or <input checked="" type="checkbox"/> Correspondence address below																																									
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">Name</td><td colspan="5">Woodard, Emhardt, Moriarty, McNett & Henry LLP</td></tr><tr><td rowspan="2">Address</td><td colspan="5">Bank One Center/Tower</td></tr><tr><td colspan="5">111 Monument Circle, Suite 3700</td></tr><tr><td>City</td><td>Indianapolis</td><td>State</td><td>IN</td><td>Zip Code</td><td>46204-5137</td></tr><tr><td>Country</td><td>USA</td><td>Telephone</td><td>(317) 634-3456</td><td>Fax</td><td>(317) 637-7561</td></tr><tr><td>Name (Print/Type)</td><td colspan="3">Timothy N. Thomas</td><td>Registration No. (Attorney/Agent)</td><td>35,714</td></tr><tr><td>Signature</td><td colspan="3"></td><td>Date</td><td>August 21, 2003</td></tr></table>			Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP					Address	Bank One Center/Tower					111 Monument Circle, Suite 3700					City	Indianapolis	State	IN	Zip Code	46204-5137	Country	USA	Telephone	(317) 634-3456	Fax	(317) 637-7561	Name (Print/Type)	Timothy N. Thomas			Registration No. (Attorney/Agent)	35,714	Signature				Date	August 21, 2003
Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP																																										
Address	Bank One Center/Tower																																										
	111 Monument Circle, Suite 3700																																										
City	Indianapolis	State	IN	Zip Code	46204-5137																																						
Country	USA	Telephone	(317) 634-3456	Fax	(317) 637-7561																																						
Name (Print/Type)	Timothy N. Thomas			Registration No. (Attorney/Agent)	35,714																																						
Signature				Date	August 21, 2003																																						
Express Mail Lab I Numb r EL 984269757 US Date of Deposit August 21, 2003																																											
<p>I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p style="text-align: right;"> Signature of person mailing paper or fee</p>																																											

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.

02570 U.S. PRO
08/21/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE**FEE TRANSMITTAL
FOR FY 2003**

Patent fees are subject to annual revision.

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Hai H. Trieu
Group Art Unit	
Examiner Name	
Attorney Docket Number	4002-2624

Total Amount of Payment (\$2190.00)**METHOD OF PAYMENT**☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☐ Deposit Account:

Deposit Account Number 23-3030

Deposit Account Name Woodard, Emhardt, Moriarty, McNett & Henry LLP

The Commissioner is authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility Filing Fee	750.00
1002	330	2002	165	Design Filing Fee	
1003	520	2003	260	Plant Filing Fee	
1004	750	2004	375	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1)					(\$750.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee From Below	Fee Paid
100	-20** = 80	X 18.00	= 1440.00
Independent Claims 3	-3** = 0	X	= 0
Multiple Dependent			= 0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
	18		9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$1440.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner's Action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner's Action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other Fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**SUBMITTED BY**

Name (Print/Type)

Timothy N. Thomas

Registration No.
(Attorney/Agent)

35,714

Telephone

(317) 634-3456

Signature

Timothy N. Thomas

Date

August 21, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

004002-002624.TNT.bkp.234822